

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 1 9

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 8, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.253, OBRA 90 P.L. 101-508,
Sections 4702 - 4703

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (60.95)

b. FFY 2001 \$ (125.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A
Item 1, page 109. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN #97-10)

10. SUBJECT OF AMENDMENT: Amends the reimbursement methodology for certain out-of-state
hospitals that meet the specified criteria.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor does not
review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John H. Cline

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
P O Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MARCH 31, 2000

18. DATE APPROVED:

JUNE 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MARCH 8, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

for CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

CITATION 42 CFR
447.253, OBRA 90
P.L.101-508,
Sections 4702-4703

Medical and Remedial
Care and Services
Item 1 (Cont'd.)

C. Out-of-State Facilities

For admissions on or after April 4, 1997, out-of-state facilities are reimbursed for inpatient hospital services provided to recipients under age twenty-one at seventy-two per cent (72%) of allowable billed charges. Out of state facilities will continue to be reimbursed for services provided to recipients age twenty-one and over at the lower of fifty per cent (50%) of allowable billed charges or the Medicaid per diem rate of the state wherein the services are provided. Allowable billed charges are the items and amounts listed on the claim form for medically necessary services provided to the recipient, which are consistent with charges billed to other payors for equivalent services.

STATE	<u>Louisiana</u>
DATE RECD	<u>3/31/00</u>
DATE APFVD	<u>6/6/01</u>
DATE EFF	<u>3/8/00</u>
HCFA 179	<u>00-19</u>
<u>A</u>	

For dates of service on or after March 8, 2000, out-of state facilities that provided at least five hundred (500) inpatient hospital days in State Fiscal Year 1999 to Louisiana Medicaid recipients and are located in border cities (cities located within a fifty (50) mile trade area of the Louisiana state border) will be reimbursed at the lesser of each facility's actual cost per day or the Medicaid per diem rate of the state wherein the services are provided. The actual cost per day is calculated from each hospital's 1998 filed Medicaid cost report by dividing total Medicaid inpatient cost by total Medicaid inpatient days, including nursery days. This is a one-time determination for the inpatient days and actual costs. This reimbursement methodology is applicable for all Louisiana Medicaid recipients who receive inpatient services in an out-of-state facility located in a border city, including those recipients up to the age of twenty-one.

D. Disproportionate Share Hospitals

Effective for inpatient hospital services provided on or after July 1, 1988, a payment adjustment for hospitals serving a disproportionate share of low income patients (DSH) shall be implemented in the following manner:

SUPERSEDES TN - LA 97-10

TN# _____ Approval Date _____ Effective Date _____
Supersedes
TN# _____